

MAE News

**Newsletter from the Office of Monitoring, Audit and Enforcement
Maine Workers' Compensation Board**

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Summer Training Sessions to Be Held at Augusta Central Office in the Deering Building on the AMHI Campus

Our next "Open" training sessions will take place June 25th, 26th and 27th, 2008 in the Board Room of our Augusta Central Office. The June 25th session will present the Board's "Basic Compliance" program that provides forms compliance and accuracy training as well as basic wage and compensation rate training.

The June 26th session will be a special half-day "Claims Workshop" session that offers you the opportunity to go over "nuts and bolts" form filing and accuracy issues with the Board's Claims Management staff. This is a great opportunity to meet the fine folks in our Claims Management Department who work with you on a daily basis.

The June 27th session will present the Board's "Advanced Compliance" training that focuses on advanced wage and partial rate calculations. This session always fills up, so make your reservation(s) early.

To sign up for the June 25th Basic Compliance session or the June 26th Claims Workshop session, contact Anne Poulin at (207) 287-7067 or send her an e-mail at Anne.Poulin@maine.gov.

To sign up for the June 27th Advanced Compliance session, contact Marlene Swift at (207) 287-7014 or send her an e-mail at Marlene.Swift@Maine.Gov.

Unemployment Waivers

Do you struggle to obtain unemployment information when paying Mediation Agreements?

If so, consider asking the injured worker to sign the "Waiver of Confidentiality/Informed Consent" form at the same time the Mediation Agreement is signed. The form is available at each of the Board's regional offices and at the following Board website: <http://www.maine.gov/wcb/departments/board.htm>.

You can then further expedite the process by asking the Board's receptionist to fax the waiver to Sherill Creamer (287-5895) before you leave the building.



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Auditor's Corner **"Your Claim Is Accepted"**

Don't forget that a payment scheme is created when you check "Your Claim Is Accepted" in Box 20 of the WCB-3, Memorandum of Payment form.

By creating a payment scheme, you may significantly hinder your ability to reduce or discontinue indemnity benefits: Unless the employee returns to work with the "injury employer" (Section 205(9) (A)), you must file a Petition for Review (Section 205(9) (B)).

Medical Return-to-Work Releases

Please remember that a medical release for an employee's return-to-work cannot be used to unilaterally reduce or discontinue benefits.

If there is no order or award of compensation or compensation payment scheme, you can use a WCB-4A, Consent Between Employer and Employee (Rule 8.18) or a WCB-8, Certificate of Discontinuance or Reduction of Compensation (Section 205(9) (B)) to reduce or discontinue benefits. Otherwise, you must file a Petition for Review.

Unilateral reductions or discontinuances are only allowed under Section 205(9) (A) *"If the employee returns to work with or has received an increase in pay from an employer that is paying compensation under this Act..."*

Certified Mail Sender's Receipts – Keep Them on File

As a best practice, the Board recommends that claims administrators make sure they keep a postmarked copy of the green and white Sender's Receipt whenever they send Board forms by certified mail. When claims are audited, claims administrators will need the sender's receipt to prove the dates the forms were mailed and that they provided 21 days notice for WCB-8 forms.

Without this receipt it is difficult to determine if Board forms that require certified mailing, like the WCB-8 forms, have been mailed timely. In addition, without this type of proof, the employee could claim improper discontinuance by stating that he/she did not receive 21 days notice.

The image shows a U.S. Postal Service Certified Mail Receipt form. It includes a barcode on the left with the number 7000 0520 0017 2917 7637. The form is titled "U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)". It has a section for "OFFICIAL USE" with fields for Postage, Certified Fee, Return Receipt Fee, Restricted Delivery Fee, and Total Postage & Fees. There is also a section for "Sent To:" with fields for Street, Apt. No., or PO Box No., and City, State, ZIP+4. The form is dated PS Form 3800, June 2002, and includes a note to "See Reverse for Instructions".